

Case Number:	CM14-0211981		
Date Assigned:	01/02/2015	Date of Injury:	11/17/2014
Decision Date:	03/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male who reported an injury on 04/01/2006. The mechanism of injury was not stated. The current diagnoses include cervical spine sprain with bilateral upper extremities radiculitis, left shoulder strain with impingement, and left elbow medial and lateral epicondylitis. The injured worker presented on 09/30/2014 with complaints of cervical spine pain. The injured worker also reported numbness and weakness. Upon examination of the cervical spine, there was tenderness to palpation with spasm and diminished range of motion. Recommendations at that time included a referral to a pain management specialist and continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state cervical collars have not been shown to have any lasting benefit except for comfort in the first few days of the clinical course in severe cases. Immobilization using collars and prolonged periods of rest is generally less effective than having patients maintain their usual preinjury activities. Given the above, the request is not medically appropriate in this case. There was no documentation of instability upon examination. The medical necessity has not been established. Based on the information received and the above mentioned guidelines, a cervical collar is not medically necessary.